

**Information Page — Fax Application for Copy of Birth Certificate**

**General Instructions**

- **Do not** use this application to submit your request *by mail*.
- Use this application only if you are the person named on the birth certificate or that person's parents.
- Use this application only if the birth occurred in New York State *outside* of New York City. **Do not** use this application if the birth occurred in any of the five (5) boroughs of New York City.
- **Do not** use this application for *genealogy requests*.
- **Use only your own credit card:** The applicant's address, i.e., the place where the certificate copy will be mailed, *must* match the address on file with the credit card company.
- Print a copy of this application, complete and sign.
- **Fax** application along with a copy of any required documentation to **1-877-854-4607**.  
If you must verify receipt of the fax, please call VitalChek at 1-877-854-4481.

**Identification Requirements: Application *must* be submitted with copies of either A or B:**

**Note:** Copy of Passport required if request is made from a foreign country that requires a U.S. Passport for travel.

- A. One (1) of the following forms of valid photo-ID:
- Driver license
  - Non-driver license
  - Passport
  - Other government issued photo-ID
- B. Two (2) of the following showing the applicant's name and address:
- Utility bill or telephone bill
  - Letter from a government agency dated within the last six (6) months

**Fees:** If no record is on file, a **No Record Certification** is issued and the fee is **not** refunded.

- **Priority Handling:** Faxed requests are given priority handling. The \$45.00 per copy fee includes a \$15.00 priority handling fee. The \$11.95 VitalChek processing fee and the optional \$13.00 FedEx return delivery fee are per transaction.
- **Example:** The fee is \$45.00 per copy + \$11.95 VitalChek processing fee + \$13.00 Federal Express return delivery (optional) – Total for one (1) copy is \$69.95; Total for two (2) copies is \$114.95; etc.

**Note:** The FedEx fee for USA mainland delivery is \$13.00. Call VitalChek at 1-877-854-4481 for rates to other destinations.

**Processing Time**

For the latest information on processing times, please visit our web page at:  
[www.nyhealth.gov/vital\\_records/processingtime.htm](http://www.nyhealth.gov/vital_records/processingtime.htm)

**Completing the Form**

- If you are using Adobe Reader® 5.0 or newer (available as a free download from [www.adobe.com](http://www.adobe.com)) you can fill in the form directly in Adobe Reader by clicking on the appropriate space and entering the information (use the TAB key to move to the next field, shift-TAB to move backwards). Print the completed form and sign.
- You can print out a blank copy of the form and then **type or print** the required information.
- You must give credit card information and it must be **your own card**.
- The form must be **signed** and faxed along with a copy of the documentation of a lawful right or claim, if required (see above).

**Please complete, sign and fax with required ID (see instructions) to 1-877-854-4607**

You may enter the required information directly into this PDF document (see instruction sheet for details) and print out a copy ready for signature, or print out a blank copy and **print or type** the required information before signing.

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------|
| Name: (as listed on birth certificate)<br><br><div style="display: flex; justify-content: space-between;"><span><i>First</i></span><span><i>Middle</i></span><span><i>Last</i></span></div>                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                                                                                            | Date of Birth:<br><br><div style="text-align: center;"><i>(mm / dd / yyyy)</i></div> |                                                                         |                                                                |                                                                     |                                                 |                                                           |                                                                         |
| Town, city or village where birth occurred:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     | Name of hospital where birth occurred: (If known)                                          |                                                                                      |                                                                         |                                                                |                                                                     |                                                 |                                                           |                                                                         |
| Maiden Name of Mother: (as listed on birth certificate)<br><br><div style="display: flex; justify-content: space-between;"><span><i>First</i></span><span><i>Middle</i></span><span><i>Maiden Last</i></span></div>                                                                                                                                                                                                                                                                                                                              |                                                                     |                                                                                            | Birth Certificate No.:<br><i>(If known)</i>                                          |                                                                         |                                                                |                                                                     |                                                 |                                                           |                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                                            | Local Registration No.:<br><i>(If known)</i>                                         |                                                                         |                                                                |                                                                     |                                                 |                                                           |                                                                         |
| Father: (as listed on birth certificate)<br><br><div style="display: flex; justify-content: space-between;"><span><i>First</i></span><span><i>Middle</i></span><span><i>Last</i></span></div>                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                                                                            | Number of Copies Requested:                                                          |                                                                         |                                                                |                                                                     |                                                 |                                                           |                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                                            | Standard Size: _____ Wallet Size: _____                                              |                                                                         |                                                                |                                                                     |                                                 |                                                           |                                                                         |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Purpose for which<br/>Record is Required:<br/><i>(Check one)</i></td> <td style="width: 20%;">Passport<br/>Social Security<br/>Retirement<br/>Other <i>(specify)</i></td> <td style="width: 20%;">Employment<br/>Working Papers<br/>School entrance</td> <td style="width: 20%;">Drivers license<br/>Marriage license<br/>Welfare assistance</td> <td style="width: 20%;">Veteran's benefits<br/>Court proceeding<br/>Entrance into<br/>Armed Forces</td> </tr> </table> |                                                                     |                                                                                            |                                                                                      |                                                                         | Purpose for which<br>Record is Required:<br><i>(Check one)</i> | Passport<br>Social Security<br>Retirement<br>Other <i>(specify)</i> | Employment<br>Working Papers<br>School entrance | Drivers license<br>Marriage license<br>Welfare assistance | Veteran's benefits<br>Court proceeding<br>Entrance into<br>Armed Forces |
| Purpose for which<br>Record is Required:<br><i>(Check one)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Passport<br>Social Security<br>Retirement<br>Other <i>(specify)</i> | Employment<br>Working Papers<br>School entrance                                            | Drivers license<br>Marriage license<br>Welfare assistance                            | Veteran's benefits<br>Court proceeding<br>Entrance into<br>Armed Forces |                                                                |                                                                     |                                                 |                                                           |                                                                         |
| What is your relationship to person whose record is required? (If self, state "SELF".)                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     | If attorney, give name and relationship of your client to person whose record is required: |                                                                                      |                                                                         |                                                                |                                                                     |                                                 |                                                           |                                                                         |

**This office requires written authorization of the person/parents whose record is requested.**

|                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Signature of Applicant:<br><br><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div style="font-size: 0.8em;">Date Signed:</div> <div style="font-size: 0.7em;">Month    Day    Year</div> </div> <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> | Credit Card & Payment Information:<br><br>Type of card: _____ Exp. Date: _____<br><br>Credit Card No.: _____<br><br>Priority Handling:    \$45.00 x _____ Copies    =    \$ _____<br><br><div style="display: flex; justify-content: space-between;"> <span>VitalChek Fee</span> <span>= \$ _____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Federal Express</span> <span>= \$ _____ *(Optional)</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Total</span> <span>= \$ _____</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                                   | Address of Applicant:<br><br><div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="font-size: 0.8em;"><i>(Applicant's Name)</i></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="font-size: 0.8em;"><i>(Street)</i></div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="border-bottom: 1px solid black; width: 30%; font-size: 0.8em;"><i>(City)</i></div> <div style="border-bottom: 1px solid black; width: 30%; font-size: 0.8em;"><i>(State)</i></div> <div style="border-bottom: 1px solid black; width: 30%; font-size: 0.8em;"><i>(Zip)</i></div> </div> <div style="display: flex;"> <div style="width: 30%;">             Telephone No.: (       )<br/> <div style="border-bottom: 1px solid black; width: 100%;"></div> </div> <div style="width: 70%; font-size: 0.8em;">             *Add \$13.00 for Federal Express delivery within USA mainland. Call VitalChek at 1-877-854-4481 for rates to other destinations.           </div> </div> |  |